

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 06/23/2014

Street: CR 200 EAST NEAR CR 300 N

Incident #: 14/5175

Apt, Lot, Room #:

County: DECATUR

City: GREENSBURG, IN 47240

Type of Laboratory Seizure (check one)

- ☐ Lab Seizure
☒ Chemical Seizure
☐ Equipment Seizure
☐ Dumpsite Seizure

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☒ Open – No Structure
☐ Vehicle ☐ Business
☐ Other: _____

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☐ No ☐ Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ One Pot or Birch Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Flammable Solvents: DITCH
☒ Water Reactive Metal (Lithium): DITCH
☐ Anhydrous Ammonia: _____
☒ Corrosive Acid: DITCH
☒ Corrosive Base: DITCH
☐ Ammonium Nitrate/Sulfate: _____
☒ Other (item and location): BACKPACK, DITCH

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray
☐ unclean
Estimated length of time manufacturing had been occurring: _____
Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: _____
VIN: _____
Year: _____

Make: _____
Model: _____
Color: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: C.V.F.D. Fax: EMAIL
Health Department County: DECATUR Fax: EMAIL
Department of Child Services Hotline: dcshotlinereports@dc.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: TRP. CHIP AYERS Phone 317.234.4591

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.